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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 71284 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				(Depositor's name)		
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE	FIRST NAM	FIRST NAMED INVENT		ATTORNEY DOCKET N	O. CONFIRMATION NO.
10/563,726	06/30/2006	Mark (Mark C. Poznansky		62063(51588)	1191
TITLE OF INVENTION: FUGETACTIC PROTEINS, COMPOSITIONS AND METHODS OF USE						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	yes	\$755.00	\$300.00		\$1,085.00	01/26/2010
EXAM	EXAMINER		CUNIT CLASS-S			
S. M. Noakes 1656 1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list						
Change of corr Correspondence "Fee Address" in form PTO/SB/47	(1) the nattorneys of 22) attached. ss" Indication ent) attached. (1) the nattorneys of (2) the nan a registere up to 2 registere up to 2 registere in name is lis	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. STEPLON THE PATENT (print or type)				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
The General Hospital Corporation Boston, Ma				issachusetts		
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government						
4a. The following fee(s) are enclosed: 4b. Payment of F				1 /	·	
X Issue Fee A check in the amount of the fee(s) is enclosed.						
X Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
X Advance Order -# of Copies 10 X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105 .						
5. Change in Entity Sta	atus (from status indicate	ed above)	_			
a. Applicant clair	ms SMALL ENTITY sta	tus. See 37 CFR 1.27.	b. Applic	ant is no longer	claiming SMALL ENTITY	7 status. See 37 CFR 1.27(g)(2).
NOTE: The Issue Fee and I	Publication Fee (if require				viously paid issue fee to the ap at; a registered attorney or ago	oplication identified above. ent; or the assignee or other party in
Authorized Signature //Peter		/Peter C. Lauro/			Date	April 26, 2010
Typed or printed name Peter C. Lauro, Esq.				Registration No.	32 360	